

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number and e-mail address for the **Executive Director** of a Community-Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number and e-mail address for the **person** who is the **Official Authorized** to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet (Cal OES 2-101).
7. Provide the name, title, address, telephone number, fax number and e-mail address for the **Chair** of the **governing body** of the subrecipient.

PROJECT CONTACT INFORMATION

Subrecipient: _____ Subaward #: _____

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____

2. The **Financial Officer** for the project:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____

5. The **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 14 of the Grant Subaward Face Sheet:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____

7. The **chair** of the **Governing Body** of the subrecipient:

Name: _____ Title: _____

Telephone #: _____ Fax#: _____ Email Address: _____

Address/City/Zip: _____